

**NEXT SAFETY CHECK DUE WITHIN
12 MONTHS OF EXPIRY DATE**

**This Landlord / Gas Safety Record should
be retained for a minimum of 2 years**

This Record is not valid if the serial
number has been defaced or altered

0164434

LGS3

LANDLORD / GAS SAFETY RECORD

*This Landlord/Gas Safety Record notes the outcomes of tests and visual inspection
as required by the Gas Safety (Installation and Use) Regulations 1998.*

*This form is for use by **Gas Safe registered engineers only**
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PART 1 : DETAILS OF THE GAS SAFE REGISTERED BUSINESS, PROPERTY AND LANDLORD / AGENT

DETAILS OF THE REGISTERED BUSINESS

Gas Engineer (print name): **[REDACTED]** Engineer ID No.: **[REDACTED]**
Gas Safe Registration No.: **121403** Trading Name:
Address: **5B Basford Green**
Tel No: **07921240865** Postcode: **GU10 0QA**

DETAILS OF THE PROPERTY

Occupier (print name): **[REDACTED]** Address: **12 Blakemere Drive**
Kingsmills
Postcode: **GU10 0QA** Tel No: **[REDACTED]**

DETAILS OF THE LANDLORD / AGENT

Rented Property (Yes or No): **No**
Property Owner (print name): **[REDACTED]** Trading Name (where appropriate):
Address: **[REDACTED]**
Tel No: **[REDACTED]** Postcode: **[REDACTED]**

PART 2 : DETAILS OF THE GAS INSTALLATION (Enter Yes / No / NA or Value)

Gas meter accessible: **YES** Gas pipework visual condition satisfactory: **YES** Tightness test
ECV present, accessible and operable: **YES** Passed or Failed: **PASS** If Yes, number of detectors installed: **1**
Presence of protective bonding: **YES** Gas pipework adequately supported: **YES** Drop recorded (mbar): **0.0** CO detector(s) within service date: **[REDACTED]**
CO detector(s) correctly located / sited: **YES** If Yes, number of detectors installed: **1**
CO detector(s) test function operated: **YES** If Yes, CO detectors sounds / alarms: **YES**

PART 3 : DETAILS OF THE APPLIANCES INSPECTED

No	Appliance Type	Chimney / Flue Type: (OFFS/FL)	Location	Manufacturer	Model	Landlord's Appliance? Inspected?	Number of appliances inspected:
1	Bath	RS	Kitchen	Polster	Supra 40	NO	YES
2	Hob	OF	Kitchen	Electrolux		NO	YES
3							
4							

PART 4 : DETAILS OF THE TESTS / CHECKS FOR APPLIANCES INSPECTED IN PART 3

No	Operating pressure or heat input (kW)	Initial combustion analyser reading (if required)	Safety device(s) working correctly (Yes / No / NA)	Ventilation satisfactory (Yes / No)	Chimney termination & condition satisfactory (Yes / No / NA)	Flue Performance Check		Appliance serviced during visit (Yes / No)	Final combustion analyser reading (if required)	Appliance safe for continued use? (Yes / No)
						Flue flow test (Pass / Fail / NA)	Spillage test (Pass / Fail / NA)			
1	9.77	NA	YES	YES	NA	NA	NA	NO	NA	YES
2	N/A	NA	NA	NA	NA	NA	NA	NO	NA	YES
3										
4										

PART 5 : DETAILS OF ANY GAS SAFETY DEFECTS IDENTIFIED AND THE ACTION TAKEN

Defects identified and action taken (if any):

Gas Engineer Print Name: **[REDACTED]**
Signature: **[REDACTED]**

Date of Safety Check: **28.7.22**
Expiry Date of Safety Check: **28.7.23**

Gas User Print Name: **[REDACTED]**

Signature: **[REDACTED]**

Please see the 'Notes for Recipients'

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